

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION

LEON FOY, 125322

Plaintiff

v.

BOB RILEY, ET AL.,

Defendants

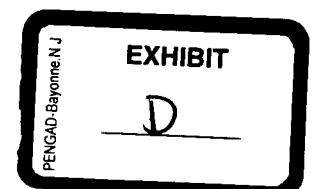
CIVIL ACTION NO: 2:05-CV-946-F

STATE OF ALABAMA

ELMORE COUNTY

I, Steve Watson, hereby certify and affirm that I am a Warden II at Elmore Correctional Facility, Elmore, Alabama; that I am one of the custodians of the inmate institutional records at this institution; that the attached documents are true, exact, and correct photo-copies of certain original documents maintained here in the institutional files; and that I am over the age of nineteen (19) years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Elmore Correctional Facility; and that said documents were made at, or reasonably near the time that such acts, events, and transactions referred to therein are said to have occurred.



This, I do hereby certify and affirm to on the 1st day of December 1, 2005.



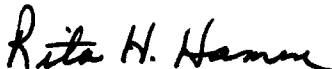
Warden II Steve Watson

Elmore Correctional Facility

State of Alabama

Elmore County

Sworn to and subscribed before me and under my hand and official seal this the 1<sup>st</sup> day of December, 2005.



Notary Public

My commission expires: 1-2006

---

# ALABAMA DEPARTMENT OF PUBLIC HEALTH

## FOOD SERVICE ESTABLISHMENT / RETAIL FOOD STORE INSPECTION REPORT

*Elmore*

COUNTY HEALTH DEPARTMENT

SCORE *92*

LEGAL NOTICE TO THE PROPRIETOR OR MANAGER: You are respectfully notified of such violations of the Alabama State Board of Health Rules for Food Establishment Sanitation as are indicated by a circle in the Inspection Report. This report constitutes an official notice to comply with Chapter 420-3-22 of the aforesaid Rules within a period of        days. Failure to comply with this notice may result in cessation of food operations.

ESTABLISHMENT NAME *Elmore Correctional*

OWNER OR MANAGER NAME

ADDRESS  *Hwy 23 North Elmore AL*

ZIP CODE

PERMIT NUMBER	MO.	DAY	YEAR	INSP. TIME	PERMITTED	PURPOSE	COMPLIANCE INSP. REQUIRED	NO. OF CRITICAL ITEMS
<i>041604</i>	<i>04</i>	<i>16</i>	<i>04</i>	<i>OUT</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	Regular Compliance <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Other <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<i>0</i>

\*CRITICAL ITEMS REQUIRING IMMEDIATE ACTION

**FOOD**

WT.

01*	Source: sound condition, quality standards, (frozen desserts), not adulterated, no spoilage	5
02	Original container; properly labeled	1

**FOOD PROTECTION**

03*	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, cooling, transportation	5
04*	Facilities to maintain product temperature	4
05	Thermometers provided and conspicuous	1
06	Potentially hazardous food properly thawed	2
07*	Unwrapped and potentially hazardous food not re-served	4
08	Cross Contamination prevented; damaged/detained food segregated	2
09	Food protection during storage, preparation, display, service, transportation	2
10	Handling of food (ice) minimized	2
11	In use, food (ice) dispensing utensils properly stored	1

**PERSONNEL**

12*	Personnel with infectious restricted	5
13*	Hands washed and clean, good hygienic practices	5
14	Clean clothes, hair restraints	1

**FOOD EQUIPMENT AND UTENSILS**

15	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	2
16	Nonfood contact surfaces: designed, constructed, maintained, installed, located	1
17*	Dishwashing/dishwashing facilities: designed, constructed, maintained, installed, located, operated	2
18	Accurate thermometers, chemical test kits provided, gauge cook (1/4" IPS valve)	1
19	Pre-flushed, scraped, soaked	1
20	Wash, rinse water: clean, proper temperature	2
21	Sanitization rinse: clean, temperature, concentration, exposure time; equipment, utensils sanitized	4
22	Wiping cloths: clean, use restricted; stored	1
23	Food contact surfaces of equipment and utensils clean, free of abrasives, detergents	2
24	Nonfood contact surfaces of equipment and utensils clean	1
25	Storage, handling of clean equipment/utensils	1
26	Single service articles, storage, dispensing, wrapped	1
27	No re-use of single service articles	2

**WATER**

28	Water source, safe; hot and cold under pressure	5
----	---	---

**SEWAGE**

WT.

28*	Sewage and waste water disposal	public <input checked="" type="checkbox"/> private <input type="checkbox"/>	4
-----	---------------------------------	---	---

**PLUMBING**

29	Installed, maintained	1
30*	Cross connection, back siphonage, backflow	5

**TOILET AND HANDWASHING FACILITIES**

31*	Number, convenient, accessible, designed, installed	4
32*	Toilet rooms enclosed, self-closing doors; fixtures, good repair, clean; hand cleanser, tissue, sanitary towels/hand-drying devices provided, proper waste receptacles	2

**GARBAGE AND REFUSE DISPOSAL**

33	Containers or receptacles, covered; adequate number, insect/rodent proof, frequency, clean	2
34	Outside storage area enclosures properly constructed, clean, controlled inclination	1

**INSECT, RODENT, ANIMAL CONTROL**

35*	Presence of insects/rodents—outer openings protected, no birds, turtles, other animals	4
-----	--	---

**FLOORS, WALLS AND CEILINGS**

36*	Floors; constructed, drained, clean, good repair, covering installation, dustless cleaning methods	1
37*	Walls, ceilings, attached equipment; constructed, good repair, clean surfaces, dustless cleaning methods	1

**LIGHTING**

38	Lighting provided as required, fixtures shielded	1
----	--	---

**VENTILATION**

39	Rooms and equipment—vented as required	1
----	--	---

**DRESSING ROOMS**

40	Rooms, area clean, lockers provided, located, used	1
----	--	---

**OTHER OPERATIONS**

41*	Toxic items properly stored, labeled, used	5
42	Premises maintained free of litter, unnecessary articles, cleaning maintenance equipment properly stored, authorized personnel	1
43	Complete separation from living/sleeping quarters, laundry	1
44	Clean, soiled linen properly stored	1

ADMINISTRATIVE NOTICES POSTED Yes ☐ No ☐ (Circle)RECEIVED BY: Name *Connie Allen Jr*

TICKETS

Food Permit, Inspection Report, Other

INSPECTED BY: Name *Thom M. Anderson*